| STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY 2013 AUG - 1 AM 9:00 | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| (Instructions on back of application) | |
| SECTIETAGE STATE STATE OF IDAHO | |
| | ļ |
| The below named limited liability company has been dissolved pursuant to Section 30-6-701 and 30-6-702, Idaho Code. | ļ |
| 1. The name of the dissolved limited liability company is: | |
| Douglas B. Akers, DDS, MS P.L.L.C. | ł |
| 2. The date the certificate of organization was originally filed: 09/23/2004 | |
| 3. Other information concerning the dissolution (optional): | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4 Name and address to return acknowledgement compatible for the | |
| Name and address to return acknowledgement copy of this form to: Douglas B Akers | |
| 600 Studemont St. Apt 1302 | — |
| Houston TX 77007 | - |
| | |
| | |
| | |
| 5. Signature of a manager, member or authorized person. | |
| | |
| - Charles of State we act |] |
| Typed Name Douglas B. Akers | |
| Signature | |
| Signature Typed Name IDAHO SECRETARY OF STATE | |
| Typed Name IDAHO SECRETARY OF STATE OB/01/2013 05:0 CK: NONE CT: 249423 1 9 0.00 = 0.00 = 0.00 DISS LLC | 455 |
| statement_dissolution_LLC.pmd Rev.06/2012 W 3346 | D |